



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

INITIAL APPLICATION FOR STUDENT SERVICES CERTIFICATE OF LICENSE TO TEACH

SECTION I: TO BE COMPLETED BY APPLICANT

A. TYPE OF CERTIFICATION REQUESTED:

COUNSELOR K-8 <input type="checkbox"/> 7-12 <input type="checkbox"/>	SCHOOL PSYCHOLOGICAL EXAMINER <input type="checkbox"/>
SPEECH-LANGUAGE PATHOLOGIST <input type="checkbox"/>	SCHOOL PSYCHOLOGIST <input type="checkbox"/>
CAREER EDUCATION COUNSELOR <input type="checkbox"/>	ADULT EDUCATION SUPERVISOR <input type="checkbox"/>
CAREER SERVICES COORDINATOR <input type="checkbox"/>	

B. VITAL INFORMATION

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐ FEMALE ☐

PHONE NUMBERS

H ()

W ()

IMPORTANT

Original transcripts listed in Part C must be received from the institutions before the application is considered complete.

C. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED		DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		

D. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

SECTION II: Applicants who have completed a state approved program must have this section completed by the designed recommending official from the college or university.

The applicant has successfully completed our state-approved graduate program for the area indicated under Section IA.

AUTHORIZED SIGNATURE/TITLE	DATE	PRAXIS TEST NUMBER	PRAXIS TEST SCORE
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STATE-APPROVED GRADUATE PROGRAM APPROVAL INFORMATION

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES		
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE	
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION		
DATE	PHONE NUMBER ()		

SECTION III: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT FOR ADULT EDUCATION SUPERVISOR & CAREER SERVICES COORDINATOR.

SIGNATURE OF SCHOOL OFFICIAL	DATE	SCHOOL DISTRICT
NAME OF SCHOOL OFFICIAL	SCHOOL ADDRESS	
TITLE OF SCHOOL OFFICIAL	SCHOOL TELEPHONE	
PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY		

SECTION IV: Applicants for Speech-Language Pathologist applying through the Missouri Professional License route must submit the following:

☐ A copy of a valid **Missouri** Speech Pathologist License from the State Board of Registration for the Healing Arts (may be obtained by calling 573/751-0098).

☐ Praxis II Score Report – Enclose a copy of the score report for the Praxis II or NTE specialty area test entitled Speech Language Pathology. A score equal to or exceeding the Missouri qualifying score of 600 is required.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

**PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION,
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

<http://www.dese.mo.gov>



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VERIFICATION OF STUDENT SERVICES EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED STUDENT SERVICES EXPERIENCE.

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ()

W ()

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/fregaskques/SSN_Disclosure.pdf

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual provided student services in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY

NOTE: Experience must be contracted and at least half-time.

PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.

PHOTOCOPIES OR FACSIMILES OF THIS COMPLETED APPLICATION CANNOT BE ACCEPTED.

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